

Case Number:	CM13-0063580		
Date Assigned:	12/30/2013	Date of Injury:	05/16/2001
Decision Date:	05/16/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old female who reported an injury on 05/16/2001 after she lifted a 40 pound bag of dog food that caused a sudden onset of low back pain. The injured worker's treatment history has included acupuncture, physical therapy, multiple medications, and a TENS unit. The injured worker was evaluated on 10/17/2013. It was noted that the injured worker had continued low back pain. Physical findings included tenderness to palpation of the paralumbar musculature and spasming, tenderness to palpation over the left sacroiliac region with restricted range of motion secondary to pain and a positive straight leg raising test. The injured worker's diagnoses included lumbar strain with radicular symptoms, left sacroiliac joint strain, depression and insomnia secondary to chronic pain, gastric upset secondary to pain medication, left foot pain secondary to an altered gait due to chronic low back pain. The injured worker's treatment plan included continuation of medications, acupuncture treatment, physical therapy, orthotics, continuation of medications, and continued use of a TENS unit for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ACUPUNCTURE TWICE A WEEK FOR THREE WEEKS FOR THE LOW BACK:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested acupuncture twice a week for three weeks for the low back is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that ongoing use of acupuncture be supported by documentation of functional benefit, medication reduction, and evidence of pain relief. The clinical documentation does indicate that the injured worker previously underwent acupuncture treatment. However, the efficacy of that treatment was not objectively identified. Therefore, additional acupuncture treatment would not be supported. As such, the requested acupuncture twice a week for three weeks for the low back is not medically necessary or appropriate.

PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE LOW BACK:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The requested physical therapy twice a week for six weeks for the low back is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does indicate that the injured worker has a history of physical therapy. However, the injured worker's most recent clinical evaluation does not provide any evidence that the injured worker is participating in a home exercise program. Therefore 1 to 2 visits would be appropriate to re-establish and re-education the injured worker in a home exercise program. However, the requested 12 visits would be considered excessive as California Medical Treatment Utilization Schedule limits physical therapy to 8 to 10 visits for radicular pain. As such, the requested physical therapy twice a week for six weeks for the low back is not medically necessary or appropriate.

ORTHOTICS FOR THE LOW BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: The requested orthotics for the low back is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of orthotics for plantar fasciitis. The clinical documentation does not provide any evidence that the injured worker has plantar fasciitis. In peer reviewed literature it is noted that shoe orthotics for the

treatment of chronic low back pain is not supported by scientific evidence. Therefore, the need for orthotics for the low back is not medically necessary or appropriate.

60 VICODIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The requested 60 Vicodin is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioid therapy be supported by documentation of functional benefit, quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 01/2013. However, there is no documentation that the injured worker is monitored for aberrant behavior. Additionally, the injured worker's most recent clinical documentation does not provide any evidence of functional benefit or pain relief related to medication usage. Therefore, continued use would not be supported. Additionally, the request as it is submitted does not contain a frequency or duration of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested 60 Vicodin is not medically necessary or appropriate.

60 KETOPROFEN 75MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 AND 67.

Decision rationale: The requested Soma 350 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of muscle relaxants for short durations not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 01/2013. Additionally, there is no evidence within the documentation that the injured worker is experiencing an acute exacerbation of chronic pain. Therefore, continued use of this medication would not be supported. Additionally, the request as it is submitted does not provide a quantity or frequency of treatment. Therefore, the appropriateness of the request as it is submitted cannot be determined. As such, the requested Soma 350 mg is not medically necessary or appropriate.

SOMA 350MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: The requested Soma 350 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of muscle relaxants for short durations not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 01/2013. Additionally, there is no evidence within the documentation that the injured worker is experiencing an acute exacerbation of chronic pain. Therefore, continued use of this medication would not be supported. Additionally, the request as it is submitted does not provide a quantity or frequency of treatment. Therefore, the appropriateness of the request as it is submitted cannot be determined. As such, the requested Soma 350 mg is not medically necessary or appropriate.

(TENS) TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

Decision rationale: The requested TENS unit for low back pain is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker already uses a TENS unit for chronic low back pain but is considered effective. California Medical Treatment Utilization Schedule recommends the purchase of a TENS unit be based on a 30 day trial that produced objective functional benefit. The clinical documentation does not clearly address whether the previous use of a TENS unit was a trial. Additionally, there is no objective functional benefit to support the purchase of a TENS unit. Additionally, there is no documentation to support the need for a replacement unit. As such, the requested TENS unit for the low back pain is not medically necessary or appropriate.